



FOUNDATION FOR HEALTH
LEADERSHIP & INNOVATION

MOVING PEOPLE AND IDEAS INTO ACTION

2024

Rising Together from Challenges to Change

A Cross-Sector Action Plan for Maternal and
Child Health Equity in North Carolina



Acknowledgements

We extend our heartfelt gratitude to the countless community members across North Carolina who dedicated their time, shared their experiences, and provided invaluable insights that shaped this work. Their voices and stories underscore the importance of this initiative and fuel our continued efforts toward equitable maternal and child health.

We sincerely appreciate our funders, HopeStar Foundation and The Duke Endowment, whose generous support has been instrumental in advancing this work and fostering impactful change. We also thank the Foundation for Health Leadership and Innovation Leadership (FHLI), whose guidance and commitment have been vital in steering this project.

We are grateful for the invaluable contributions of our co-facilitators, Alexandra Simpson and Melinda Ramage, whose dedication and expertise enriched each phase of this process. Special thanks go to our lead facilitator, Danielle Little, for her vision, leadership, and unwavering commitment to fostering collaborative and inclusive dialogue.

This collective effort represents a shared commitment to building healthier futures for families across our communities. Thank you for your support, resilience, and transformative impact.

All quotes in this document are directly sourced from participating network members who contributed their insights and experiences.

A special thanks to our facilitators...

1. Danielle Little, M.Ed., Maternal and Child Health Consultant - **MCHEAN Lead and Co-Author**
2. Melinda Ramage, FNP-BC, CARN-AP, Director of North Carolina Perinatal Substance Use Disorder Network
3. Alexandra Simpson, MPH, Maternal and Child Health Equity Consultant



Inclusivity Statements

Gender

In this report, we use both “women” and “pregnant individuals” to reflect the diversity of identities and experiences in maternal health. We recognize that many people identify strongly with terms such as “women,” while others may prefer gender-neutral language like “pregnant individual.” Our intention is to ensure that everyone, regardless of gender identity, feels included and represented.

Parental and Child Health

The health of both biological parents is critical, as their well-being directly impacts each other and the child’s health. A mother’s physical and mental health during pregnancy can influence fetal development, and a father’s health—such as genetic factors, mental health, and lifestyle—can affect conception, pregnancy outcomes, and long-term child health. We must prioritize the health and well-being of both biological parents to improve outcomes.

Co-Parents and Support Persons

In this report, we also use both “co-parents” and “support persons” to reflect diverse family structures and relationships. These terms can encompass a wide range of individuals, including, but not limited to, fathers, partners, aunts, aunties, uncles, grandparents, cousins, friends, and chosen family. It is essential that all “co-parents” and “support persons” feel welcomed, included, and supported in their vital roles in maternal and child health.



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A photograph of a woman with long brown hair, wearing a white shirt, smiling and holding a baby. The baby is laughing and looking up at the woman. The image is overlaid with a semi-transparent purple filter.

**OVER 80% OF
MATERNAL DEATHS ARE
ENTIRELY PREVENTABLE.***

CALL TO ACTION

Immediate collaborative action is critical to tackle enduring obstacles in maternal and child health in North Carolina. The pervasive fear of childbirth within marginalized communities, particularly among Black and brown women, stems from deep-rooted inequities and social drivers of health.

It is imperative to recognize that racism, rather than race itself, is a primary risk factor for adverse health outcomes. Over a shocking 80% of maternal deaths are entirely preventable. Despite this knowledge, these challenges persist, underscoring the urgent need for a unified effort to address the underlying issues impacting families across the state.

The responsibility to ensure a healthy future for all North Carolinians transcends individual, familial, health care provider, and health system boundaries—it is ingrained in the very fabric of American society, where every life is valued and respected. Stakeholders from various sectors must come together, pooling their resources and expertise to secure better outcomes for all.

**THE TIME
FOR
ACTION
IS NOW.**



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*<https://www.cdc.gov/maternal-mortality/preventing-pregnancy-related-deaths/index.html>

EXECUTIVE SUMMARY

Improving maternal and child health outcomes among vulnerable populations in North Carolina, especially addressing racial disparities, requires a comprehensive, multisystem approach. The Foundation for Health Leadership and Innovation (FHLI) is at the forefront of health care transformation and advocacy, working to understand these complex challenges and identify statewide solutions.

In 2022, FHLI conducted a landscape analysis of maternal and child health (MCH) efforts in North Carolina. The report, *Progress and Opportunities: Maternal and Child Health Equity in North Carolina*, examined various programs, interventions, and policies aimed at improving maternal, infant, early childhood, and family health outcomes.

The landscape report incorporated a thorough review of existing maternal and child health efforts paired with interviews and surveys of mothers, health educators, doulas, midwives, and other health professionals. By understanding existing work, FHLI aimed to align with state government endeavors, such as the North Carolina Division of Health and Human Services Perinatal Health Equity Collective and organizations like the March of Dimes. This ongoing collaboration is intended to strengthen a coordinated and efficient statewide approach.

A key milestone in this work was the creation of the Maternal Child Health Equity Action Network (MCHEAN), which FHLI facilitated. The convenings brought together diverse participants, including health care providers, community organizations, advocacy groups, government agencies (health and social services departments), policymakers, researchers, educators, and those with lived experience, who shared highly significant and profoundly relevant insights.

About two-thirds of attendees had professional experience in maternal and child health. They also shared firsthand experiences with systemic inequities, differential care (different access to care based on identity, such as race, insurance type, socioeconomic status, etc.), underinsurance, and social drivers of health. This blend of professional expertise and lived experience sparked meaningful and nuanced discussions.

Acknowledging the impact of systemic racism on maternal and child health outcomes highlighted the need to address social drivers of health and structural barriers. The exchange of ideas, rooted in both professional knowledge and personal stories, laid the foundation for developing evidence-based, culturally sensitive, and equitable solutions.

OUR CHARGE

The Maternal Child Health Equity Action Network (MCHEAN) was launched in April 2023 to address disparities and improve outcomes through co-created, actionable plans. The initiative aims to drive meaningful change in maternal and child health outcomes across North Carolina by understanding the current landscape and leveraging the insights of those directly affected.

With the support of the HopeStar Foundation and The Duke Endowment, this work represents a significant step toward creating a holistic, multisystem strategy led by community voices.

Network Objectives



Recruiting and onboarding at least 40 Network members, including 25% representation from individuals with lived experiences.



Facilitating Network meetings and producing a report on opportunities and gaps for maternal and child health equity in NC.



Reaching a consensus on at least three focus areas for partnerships, program development, and policy reform, producing action plans for change.



Vetting these plans with community members, state health leaders, and funders before implementation.

FHLI, alongside its team of subject-matter expert facilitators, recruited over 50 participants, approximately 50% of whom had lived experience with maternal and child health equity challenges. MCHEAN participants worked together to develop strategies incorporated into the action plans.

COMMUNITY VOICE: A HUMAN-CENTERED DESIGN FRAMEWORK

Human-centered design (HCD) is an evidence-based approach that focuses on individuals' needs, experiences, and perspectives when designing and implementing programs or interventions. In public health—particularly in maternal and child health—HCD provides a strong framework for addressing systemic issues like racism and promoting lasting change.

HCD and community co-design processes aim to empower marginalized voices through active listening, framing, and advocating for policies shaped by community input. The use of HCD and community co-creation in health practices is gaining momentum. These approaches offer fresh insights into complex issues, incorporate diverse stakeholder perspectives, and maintain a strong human focus.



“How do you get accountability for something going wrong? There’s no organization that you can go to and say hey this happened to me. Usually people don’t know something was wrong or blame themselves.”



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FHLI's Community Voice Model (CVM) applies the principles of HCD by prioritizing trust-building, authentic engagement with community members, and supporting the creation of community-led solutions to meet public health needs. MCHEAN enhanced its effectiveness and promoted equity to drive meaningful change by thoughtfully implementing HCD and the CVM principles throughout the process.

Integrating HCD and the CVM into maternal and child health initiatives throughout the process created a positive feedback loop. The Network facilitators applied inclusive, participatory engagement methods that fostered the participants' ongoing commitment and motivation. This approach led to continuous input and refinement, enabling the team to develop better action plans suited for sustainable use and scalability.



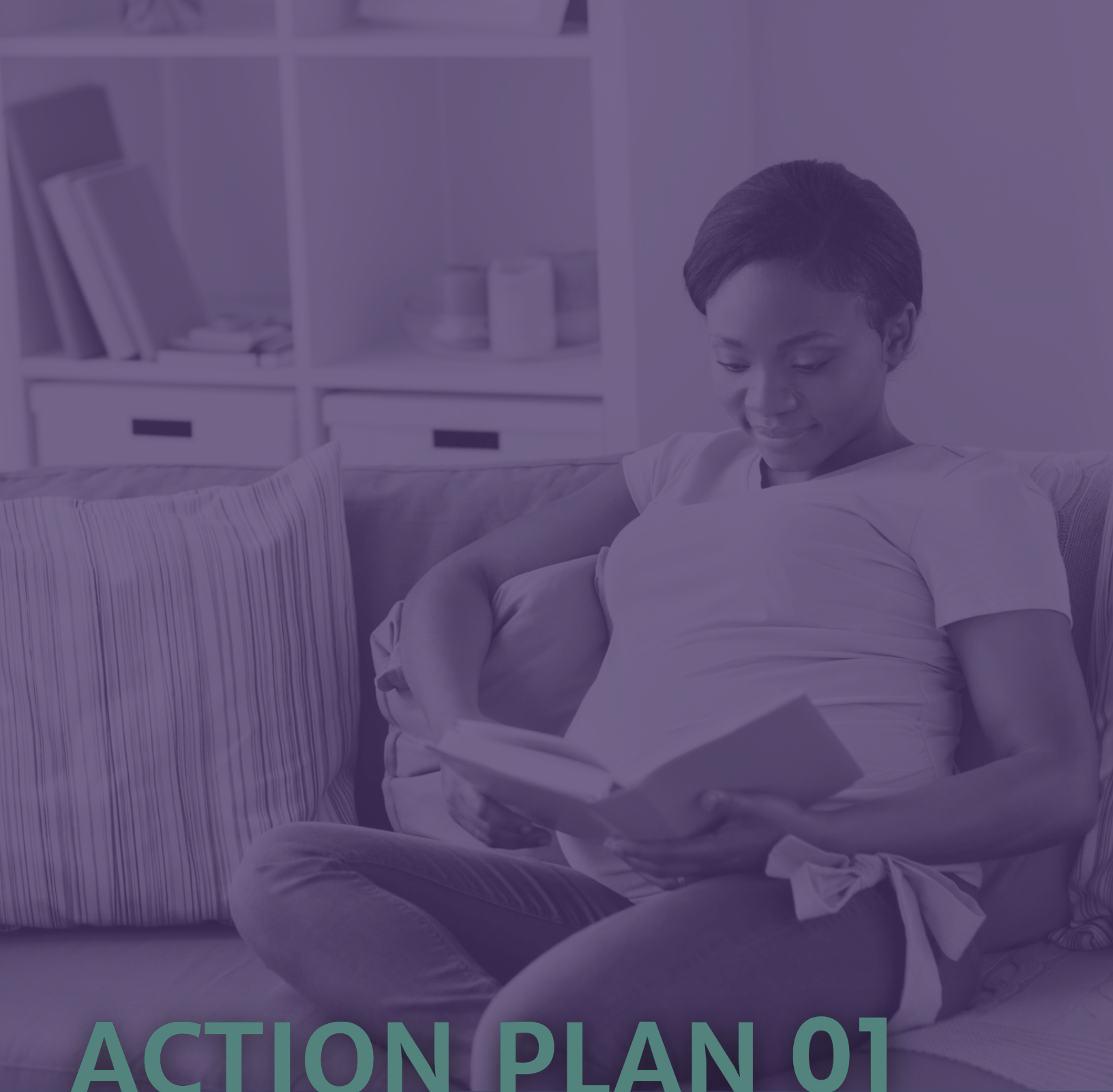
**“Patriarchy, capitalism, racism, classism
are root causes.”**

**“Where did this idea of women
not being able to make their own
decisions come from?”**

**“You have to advocate for your family, it
is a life or death situation.”**

“They are not listening to us.”





ACTION PLAN 01

**PROVIDE DIRECT PERINATAL
HEALTH EDUCATION
TO THE PUBLIC**



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ACTION PLAN 01

PROVIDE DIRECT PERINATAL HEALTH EDUCATION TO THE PUBLIC

Objective

To address and rectify the current maternal and child health crisis in North Carolina through targeted public service announcements (PSAs) that focus on increasing understanding of the long-term, trickle-down root causes of the crisis. This action plan draws inspiration from successful initiatives like the “Every Baby Guilford Campaign” in North Carolina, aiming to replicate their model and adapt it to the broader context of maternal health equity.

Campaign Design and Strategy

Develop or adopt a comprehensive public service announcement campaign for community spaces, utilizing various media channels such as television, radio, social media, billboards, and community events.

Collaborate with health care professionals, community leaders, and advocates to ensure the accuracy and relevance of the campaign message.

Tailor the campaign to resonate with diverse cultural, ethnic, and socio-economic groups, recognizing the unique challenges faced by different communities.



ACTION PLAN 01

PROVIDE DIRECT PERINATAL HEALTH EDUCATION TO THE PUBLIC

Content Creation

- a. Craft compelling narratives highlighting the root causes of the maternal and child health crisis, emphasizing the long-term and trickle-down effects on communities.
- b. Incorporate data and statistics, comparing maternal health outcomes in the United States with international counterparts to underscore the global nature of the issue.
- c. Feature personal stories and testimonials to humanize the crisis, making it relatable and encouraging empathy and support.

Partnerships and Stakeholder Engagement

- a. Collaborate with local and national organizations, health care institutions, and advocacy groups to amplify the PSAs' reach.
- b. Engage influential figures, celebrities, and community leaders as ambassadors to endorse and promote the campaign.
- c. Establish partnerships with media outlets for increased coverage and dissemination of the PSAs.
- d. Bridge the gap between maternal child health and early childhood outcomes by utilizing inclusive language, increasing investment, and expanding purview.

“[I am] seeing more funding opportunities available from the government, but the funding rarely makes it to smaller agencies working directly with clients in the communities. Usually, the funding goes to the bigger hospitals and facilities, which is a problem for clients that feel more comfortable receiving assistance from their local community organizations.”



ACTION PLAN 01

PROVIDE DIRECT PERINATAL HEALTH EDUCATION TO THE PUBLIC

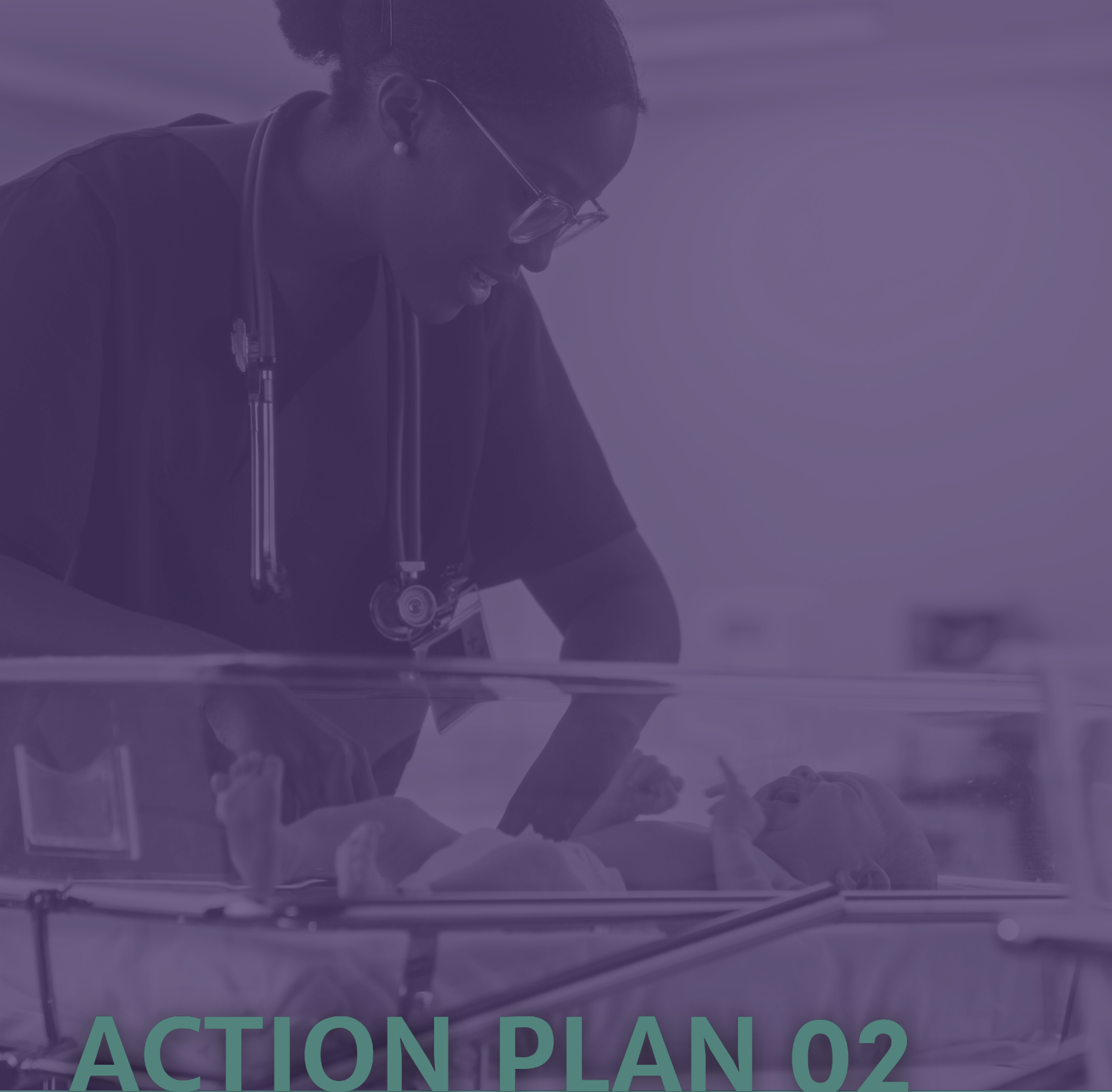
Community Outreach and Engagement

- a. Organize community events, workshops, and town hall meetings to facilitate discussions around maternal and child health disparities and solutions.
- b. Distribute informational materials in community spaces, including health care facilities, schools, and places of worship.
- c. Implement grassroots initiatives to empower communities to take an active role in addressing maternal and child health issues.

Monitoring and Evaluation

- a. Implement a robust monitoring and evaluation framework to assess the impact of the PSA campaign on public awareness and understanding of maternal health issues.
- b. Collect feedback from community members, health care providers, and other stakeholders to refine and improve the campaign continuously.
- c. Utilize metrics such as media reach, community engagement, and changes in perception to measure the campaign's success.

By executing this action plan, we aim to create a widespread and informed dialogue on maternal health, foster a sense of shared responsibility, and mobilize communities toward sustainable solutions.



ACTION PLAN 02

**DEVELOP A SHARED UNDERSTANDING
OF THE STANDARD OF CARE FOR
PATIENTS AND PROVIDERS**



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ACTION PLAN 02

DEVELOP A SHARED UNDERSTANDING OF THE STANDARD OF CARE FOR PATIENTS AND PROVIDERS

Objective

To enhance the shared understanding and create actionable steps of maternal health care standards between patients and health care providers, ensuring a respectful relationship that prioritizes communication, education, and access to appropriate care. By implementing this action plan, we aim to cultivate a health care environment where patients feel respected, informed, and empowered, fostering a collaborative relationship between patients and providers to improve maternal health outcomes.

A photograph of a woman with dark, curly hair holding a newborn baby. The woman is looking down at the baby with a gentle expression. The baby is wrapped in a light-colored cloth. The image is overlaid with a semi-transparent purple filter.

“How do you get accountability for something going wrong? There's no organization that you can go to and say hey, this happened to me. Usually people don't know something was wrong or blame themselves.”



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ACTION PLAN 02

DEVELOP A SHARED UNDERSTANDING OF THE STANDARD OF CARE FOR PATIENTS AND PROVIDERS

Patient-Provider Relationship Building

- a. Develop educational materials and workshops to promote the importance of establishing a solid patient-provider relationship based on trust and mutual understanding.
- b. Implement or promote training programs for health care providers to enhance communication skills, empathy, and cultural attunement, emphasizing the significance of a supportive patient-provider partnership.
- c. Encourage open dialogue between patients and providers during prenatal visits, fostering a comfortable environment for discussing health concerns and asking questions.

Improved Communication Protocols

- a. Revise and streamline intake processes to ensure that patients' questions and concerns are comprehensively addressed and avoid rushed interactions.
- b. Establish communication guidelines that encourage providers to check in with patients throughout the visit and address any questions or concerns that may arise.
- c. Implement training for health care providers on effective communication strategies, with a focus on active listening and addressing patients' informational needs.

ACTION PLAN 02

DEVELOP A SHARED UNDERSTANDING OF THE STANDARD OF CARE FOR PATIENTS AND PROVIDERS

Patient Education Empowerment

- a. Develop accessible and culturally sensitive educational materials about maternal health, including information on root causes of maternal morbidity, postpartum depression, and wellness care.
- b. Facilitate workshops or support groups to equip patients with the knowledge and tools to advocate for themselves, emphasizing the importance of informed decision-making in maternal care.
- c. Create online resources and guides for patients to learn about maternal health topics and understand their rights in accessing appropriate care.



“What is the reporting like for near misses, adverse experiences? How do we give the public a voice to their experiences? So they are not suffering in silence.”

ACTION PLAN 02

DEVELOP A SHARED UNDERSTANDING OF THE STANDARD OF CARE FOR PATIENTS AND PROVIDERS

Expectation Management

- a. Establish clear expectations for patients regarding access to appropriate care, ensuring they understand their right to receive the right level of care at various health care facilities.
- b. Encourage health care providers to communicate the expected standards of care and wellness information during visits, promoting a proactive approach to maternal health.
- c. Develop strategies to address and manage patient expectations regarding health care accessibility, emphasizing the importance of quality and home proximity.

Integration of Behavioral Health and Medical Care

- a. Implement training programs for health care professionals to promote the integration of behavioral health and medical care, especially in postpartum care.
- b. Collaborate with mental health specialists to develop protocols for identifying and addressing behavioral health concerns during routine maternal health visits.
- c. Advocate for policy changes that support integrating behavioral health and medical care in health care facilities.

ACTION PLAN 02

DEVELOP A SHARED UNDERSTANDING OF THE STANDARD OF CARE FOR PATIENTS AND PROVIDERS

Extend Public Health and Hospital Program Framework

- a. Develop a statewide maternal care hospital designation similar to the Baby Friendly Hospital Initiative and North Carolina's Breastfeeding Friendly Designation Program.
- b. Revive and reimagine past maternal and child health programs that ended due to funding constraints or sunset programs, ensuring the continuation of vital services and addressing evolving needs in maternal and child health care.
- c. Advocate for long-term sustainability by developing a plan that includes public and private funding, community support, and policy advocacy.



“It is very important that we help promote defining the standard of care for everyone. These are issues that folks are aware of in the space but it is not being translated into the action and care provided.”



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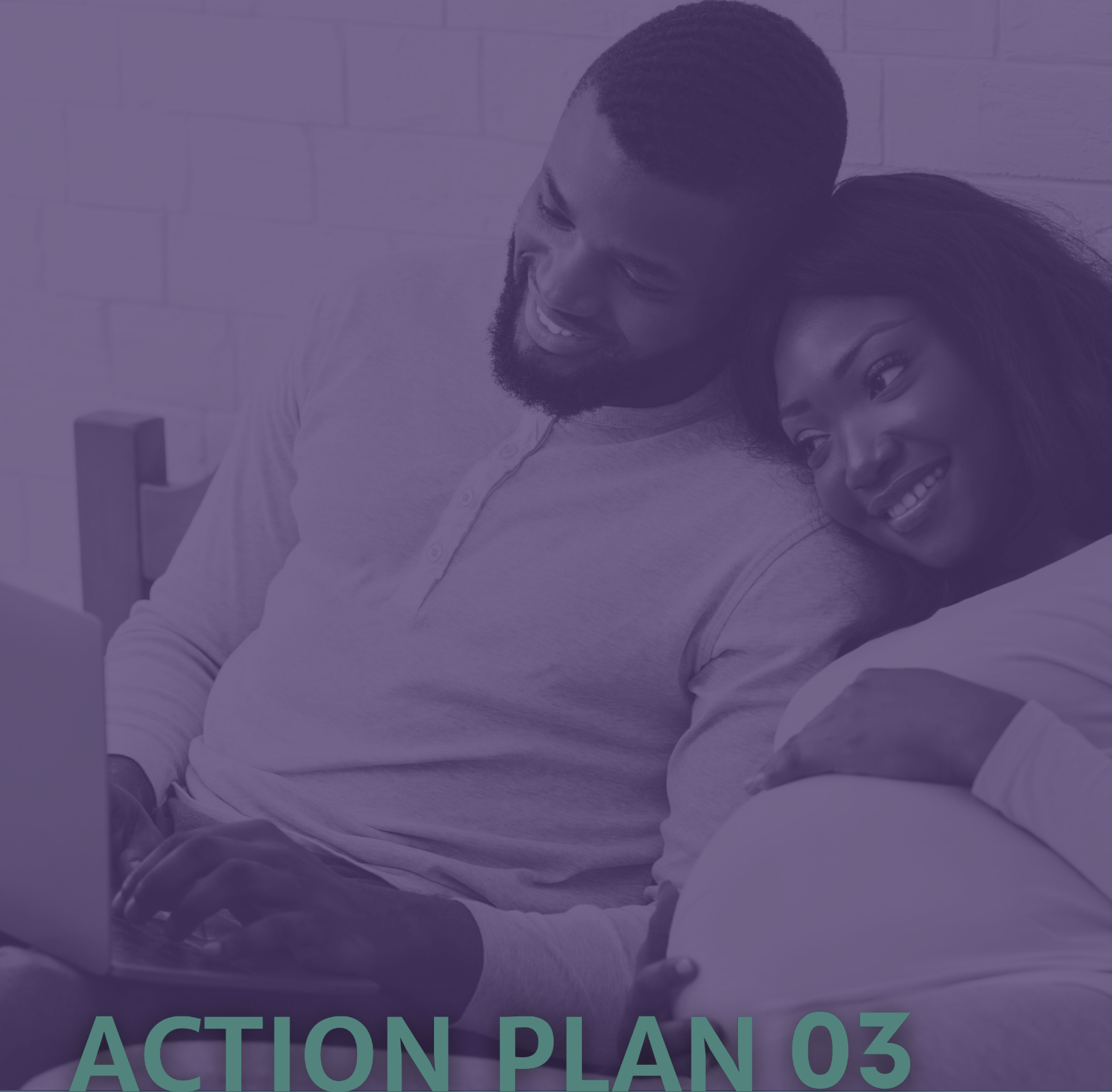
ACTION PLAN 02

DEVELOP A SHARED UNDERSTANDING OF THE STANDARD OF CARE FOR PATIENTS AND PROVIDERS

Mitigating Assumption and Gaslighting

- a. Develop training modules for health care providers to recognize and mitigate unconscious biases, assumptions, and gaslighting in patient interactions.
- b. Encourage a culture of trust and transparency in health care settings, emphasizing the importance of validating patients' experiences and concerns.
- c. Establish mechanisms for patients to provide feedback on their interactions with health care providers, creating accountability and fostering continuous improvement.

“During my sixth month of pregnancy, I knew that something wasn’t right and asked to be seen. They gaslit me and told me I was fine and didn’t need to come in. But I knew my body and tried telling them. The next day, I ended up at [the local hospital in Durham] and was admitted. I immediately left the midwifery practice and continued my pregnancy with [the local hospital] and had an excellent experience with an all-Black OB-GYN team. I am glad more women of color have become midwives and doulas, and there are other options for WOC (women of color) now. In this way, I think it has improved.”



ACTION PLAN 03

**ENGAGE CO-PARENTS AND SUPPORT
PERSONS THROUGH EDUCATION AND
WELLNESS INTERVENTIONS**



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ACTION PLAN 03

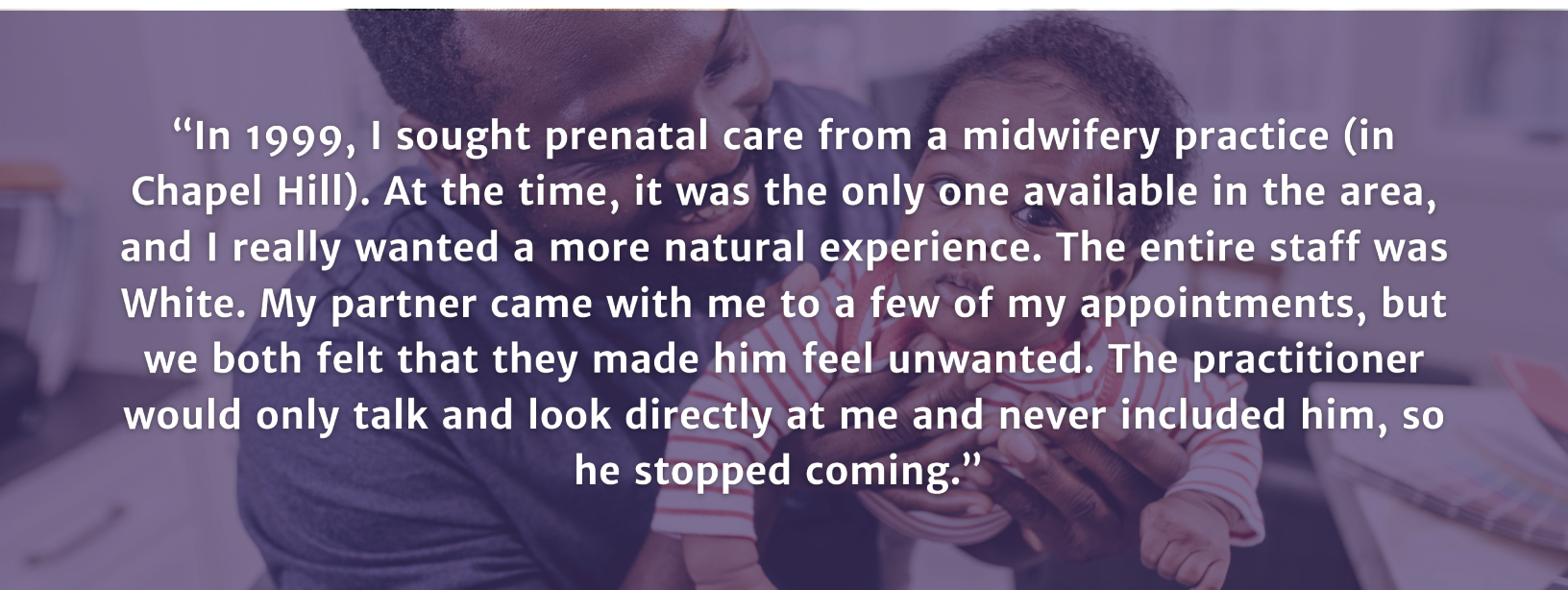
ENGAGE CO-PARENTS AND SUPPORT PERSONS THROUGH EDUCATION AND WELLNESS INTERVENTIONS

Objective

This action plan aims to engage co-parents and support persons in maternal health by providing education on maternal health literacy and recognizing signs of distress and potential health threats. Additionally, it aims to offer interventions for the well-being of fathers, co-parents, and support persons, understanding that their physical and mental wellness directly influences the health and well-being of the mother and child.

Educational Initiatives

- a. Develop targeted educational materials, workshops, and webinars for co-parents, partners, grandparents, aunts, uncles, and other support persons.
- b. Collaborate with community organizations, schools, and health care providers to disseminate educational resources and ensure widespread access to maternal health and well-being information.
- c. Establish partnerships with local parenting support groups to integrate maternal health education into existing forums.

A photograph of a man with dark skin and short hair, wearing a dark blue shirt, holding a young child with dark skin and curly hair. The child is wearing a red and white striped shirt. They are both smiling and looking at each other. The background is slightly blurred, showing what appears to be a home setting.

“In 1999, I sought prenatal care from a midwifery practice (in Chapel Hill). At the time, it was the only one available in the area, and I really wanted a more natural experience. The entire staff was White. My partner came with me to a few of my appointments, but we both felt that they made him feel unwanted. The practitioner would only talk and look directly at me and never included him, so he stopped coming.”

ACTION PLAN 03

ENGAGE CO-PARENTS AND SUPPORT PERSONS THROUGH EDUCATION AND WELLNESS INTERVENTIONS

Inclusive Communication Strategies

- a. Implement communication strategies that address diverse family structures and develop inclusive educational materials.
- b. To reach a broad audience of co-parents and support persons, utilize multiple communication channels, such as social media, community events, and health care settings.
- c. Encourage health care providers to actively involve and communicate with co-parents during prenatal visits, fostering a collaborative approach to maternal care.

Recognition of Signs of Distress

- a. Develop training modules for co-parents and support persons to recognize signs of distress and potential health threats in pregnant individuals.
- b. Emphasize the importance of open communication and active listening, guiding how to initiate conversations about maternal well-being.
- c. Foster an environment that encourages co-parents to express concerns and seek support from health care professionals when needed.

Interventions for Co-Parent Wellness

- a. Offer wellness programs and resources tailored to the unique needs of co-parents and support persons, addressing their physical and mental health.
- b. Collaborate with mental health professionals to provide counseling services, support groups, and resources focusing on co-parents' emotional well-being.
- c. Promote healthy lifestyle choices through fitness classes, nutrition workshops, and stress management programs.

ACTION PLAN 03

ENGAGE CO-PARENTS AND SUPPORT PERSONS THROUGH EDUCATION AND WELLNESS INTERVENTIONS

Maternal Health Education Campaigns

- a. Launch public awareness campaigns to emphasize the role of co-parents and support persons in maternal health outcomes.
- b. Showcase success stories and testimonials from co-parents who actively supported the maternal patient, highlighting the positive impact on overall family well-being.
- c. Utilize social influencers and community leaders to endorse and promote maternal health literacy among co-parents.

Community Engagement Events

- a. Organize community events, fairs, and workshops tailored to co-parents and support persons.
- b. Provide access to maternal health professionals for Q&A sessions, fostering an interactive platform for learning and discussion.
- c. Collaborate with local businesses and community centers to host events promoting family involvement in maternal health.



“Get the money to communities or to intermediaries who support the communities.”



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ACTION PLAN 03

ENGAGE CO-PARENTS AND SUPPORT PERSONS THROUGH EDUCATION AND WELLNESS INTERVENTIONS

Partnership with Health Care Providers

- a. Facilitate communication between health care providers and co-parents, ensuring that relevant information is shared and understood.
- b. Encourage health care professionals to include co-parents in discussions about maternal care plans and address any questions or concerns they may have.
- c. Establish a feedback loop for co-parents to share their experiences and suggest improvements to the health care system to better support family involvement.





ACTION PLAN 04

PATIENT ADVOCACY AND EDUCATION FOR EMPOWERED MATERNAL HEALTH



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ACTION PLAN 04

PATIENT ADVOCACY AND EDUCATION FOR EMPOWERED MATERNAL HEALTH

Objective

To empower women and pregnant individuals through comprehensive education and advocacy training, fostering trust in their bodies and equipping them with the knowledge and communication skills to engage effectively with health care providers. This action plan focuses on early education, addressing reproductive health concerns, pain communication, and providing tools for intentional dialogue during health care visits.

By implementing this action plan, we aim to empower pregnant individuals to take an active role in their reproductive health journey, fostering a culture of trust, communication, and advocacy. Through early education and intentional dialogue, we strive to create a health care landscape where patients are informed, confident, and actively engaged in their maternal health.

“When it comes to maternal health, many women don’t know what questions they should ask when giving birth, what questions to ask, or what to voice- such as knowing to tell the doctor when you feel cold or sick. You just don’t know what you should be advocating for when you have your baby or after you have your baby.”



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ACTION PLAN 04

PATIENT ADVOCACY AND EDUCATION FOR EMPOWERED MATERNAL HEALTH

Comprehensive Reproductive Health Education

- a. Develop educational materials and workshops for individuals of all ages on reproductive health, family planning, and pregnancy considerations.
- b. Collaborate with educational institutions, community centers, and health care providers to integrate reproductive health education into existing programs.
- c. Implement outreach programs to raise awareness about the importance of early reproductive health education, focusing on reaching college students.

Understanding Body Signals and Pain Communication

- a. Design educational content that teaches pregnant individuals to trust their bodies and recognize pregnancy signals, emphasizing the normalcy of various sensations.
- b. Provide resources on effective communication about pain, encouraging individuals to express their experiences accurately to health care providers.
- c. Collaborate with health care professionals to create informational materials for providers, enhancing their understanding of patients' pain communication and improving overall care.

ACTION PLAN 04

PATIENT ADVOCACY AND EDUCATION FOR EMPOWERED MATERNAL HEALTH

Question Preparation and Empowered Dialogue

- a. Develop guides for women and pregnant individuals to prepare a list of questions for health care visits, ensuring that all concerns get addressed.
- b. Conduct workshops on practical communication skills, empowering individuals to ask intentional questions and engage in productive conversations with health care providers.
- c. Encourage open dialogue during prenatal visits, emphasizing the importance of patients actively participating in their care.

Early Conversations on Reproductive Health Challenges

- a. Implement educational campaigns to raise awareness about reproductive health challenges such as fibroids, polycystic ovary syndrome (PCOS), and their potential impact on pregnancy.
- b. Provide resources for health care providers to initiate conversations about reproductive health challenges early in the patient's reproductive years, fostering proactive care planning.
- c. Develop materials tailored explicitly for individuals over 40, addressing expectations for conception and fertility treatments and encouraging early discussions with health care providers.

ACTION PLAN 04

PATIENT ADVOCACY AND EDUCATION FOR EMPOWERED MATERNAL HEALTH

Patient-Centered Information Sessions

- a. Organize information sessions and webinars led by health care professionals to address common pregnancy and reproductive health concerns.
- b. Facilitate discussions that allow women and pregnant individuals to share their experiences, fostering a sense of community and support.
- c. Utilize diverse platforms, including social media and community events, to disseminate patient-centered information and build a network of informed and empowered individuals.

Tools for Advocacy During Health Care Visits

- a. Develop a checklist for patients to ensure all their questions get addressed during prenatal visits, promoting proactive engagement with health care providers.
- b. Train health care professionals to recognize and respond to patient advocacy, creating a collaborative health care environment.
- c. Implement feedback mechanisms to continuously improve the patient experience and ensure that health care providers prioritize addressing patient concerns.

ADDRESSING RURAL HEALTH CARE DISPARITIES

ESSENTIAL FOR EQUITY IN NC

In North Carolina, maternal and child health (MCH) efforts focus on addressing health care disparities and improving access to care, particularly in rural areas where challenges are often more pronounced. Hospital closures and limited infrastructure have heightened the strain on rural communities, making it critical to conduct outreach programs that raise awareness of available health care resources and facilities.

By collaborating with local organizations and community leaders, MCH initiatives can bridge gaps in information and access, promote equitable health care, and advocate for enhanced support such as infrastructure development, telehealth expansion, and increased funding for rural health care facilities.

Efforts like the following can help alleviate pressure on larger hospitals and ensure that all families, regardless of location, can access the care they need:

- a. Conducting outreach programs in smaller towns and rural areas to provide information on available health care resources and facilities.
- b. Collaborating with local community organizations and leaders to bridge the information gap and facilitate access to care in areas affected by hospital closures.
- c. Advocating for increased support and resources (i.e., infrastructure, telehealth, and funding) for rural health care facilities to alleviate the strain on major hospitals.

“Develop more birth centers rather than maternity wards, especially considering rural OB closures. The birth centers could be a conduit to the lack of access for rural areas. Though rural areas do not have the economic traction for the growth of birth centers, North Carolina hospitals should help establish them, perhaps in partnership with FQHCs. It would be incredible if rural families did not have to drive too far to receive perinatal care and give birth.”

“There are many large-scale projects in place, but this must filter down to the 20 smaller areas, and there must be champions for this work.”

“I haven’t seen progress in maternal and child health access in rural NC.”

POLICY RECOMMENDATIONS



01

Continue to Advocate for Certified Professional Midwives (CPMs), Certified Nurse Midwives (CNMs), and Birth Workers (Doulas) in NC

These culturally attuned professionals bring specialized skills in providing maternity care and can play a crucial role in improving maternal and child health outcomes. Engaging in advocacy efforts with policymakers, health care organizations, and community stakeholders to highlight the benefits of incorporating CPMs and CNMs into the health care system. Provide evidence of their effectiveness and advocate for regulatory frameworks that support their practice.



02

Increase and Expand Reimbursement for Both Private and Public Care

Increased reimbursement for maternal health care rates across diverse provider types in North Carolina is crucial to addressing systemic challenges and promoting positive maternal and child health outcomes. Adequate reimbursement is essential to attract and retain skilled health care professionals, improve access to quality care, and foster sustainable practices prioritizing the well-being of birthing families across the state.

“True collaboration is when you lay your resources on the table and then remove your hand.”

–FHLI Community Partner



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POLICY RECOMMENDATIONS



03

Advocate for Integrating Value-Based Payment Systems within Health Care

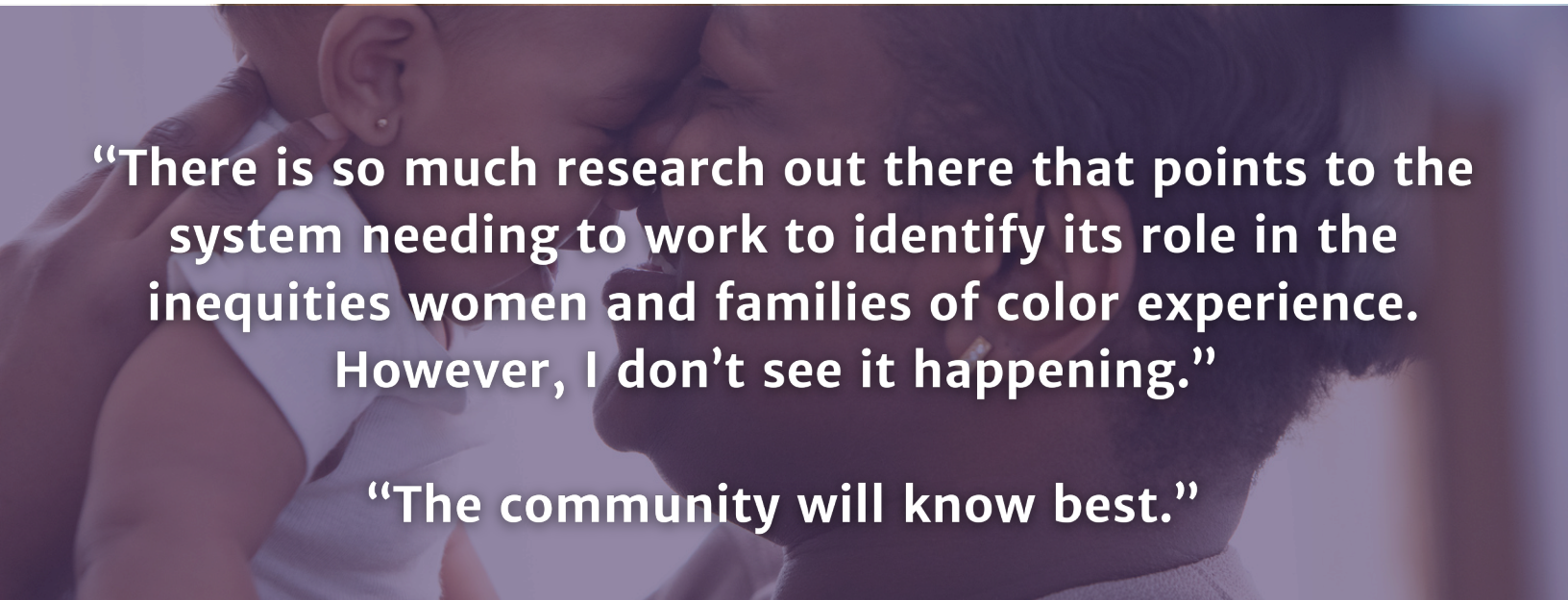
Enforce equity-focused accountability measures for shaping policy and payment frameworks, aligning with the medical professional principle of non-maleficence. Examples of value-based or outcomes-driven maternity payment models include perinatal fee schedule adjustments, value-based maternity payments, and comprehensive payments for both mothers and newborns.



04

Advocate for Paid Parental Leave

Access to paid parental leave contributes to improved maternal mental health, enhanced breastfeeding rates, and strengthened family dynamics, positively impacting mothers' and infants' long-term health outcomes. Advocating for paid parental leave has the potential to mitigate stressors for new parents, enhance the overall family environment, and promote a healthier start for infants.



“There is so much research out there that points to the system needing to work to identify its role in the inequities women and families of color experience. However, I don’t see it happening.”

“The community will know best.”



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THE PLAYBOOK: A GUIDE TO OUR PROCESS



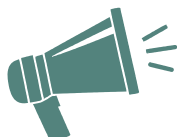
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LEADERSHIP & INNOVATION

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KEY GUIDELINES



CENTERING
COMMUNITY VOICE



CREATING BRAVE
& COLLABORATIVE
SPACES



TRUTH, TRUST, &
TRANSPARENCY



IDENTIFYING
INEVITABLE
"ISMS"

CENTERING COMMUNITY VOICE

By adopting the Community Voice Model, inspired by human-centered design (HCD), the Network prioritized community co-design to develop ideas, iterate concepts, and co-create strategies. This approach promoted equitable representation and inclusion. Facilitators supported the process by guiding design, conversations, collaboration, expression, bidirectional learning, and healing.

CREATING BRAVE AND COLLABORATIVE SPACES

One Network member highlighted the importance of creating a brave and safe meeting space. In response, we developed community guidelines to ensure a welcoming environment. Acknowledging the complexity of advocating for maternal child health, particularly in areas like birth trauma, mental health concerns were proactively addressed through trigger warnings, mindfulness moments, one-on-one mental health breaks offered during sessions, and access to behavioral health resources.

**"If you want to go fast, go alone. If
you want to go far go together."**

–African Proverb



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TRUTH, TRUST, AND TRANSPARENCY

The Network committed to a collaborative budget design for additional funding opportunities, elected participation in maternal and child health-related partnerships and promoted transparency in financial processes.

IDENTIFYING INEVITABLE “ISMS”

The shared understanding of historical inequalities and present-day manifestations as “isms” in the United States, including:

Bias: A tendency or inclination towards a particular perspective, opinion, or judgment, often without considering or evaluating all available evidence. Bias can be conscious or unconscious and may influence decision-making, perceptions, and behaviors in various contexts.

Capitalism: An economic and social system characterized by private ownership of the means of production. In capitalism, goods and services are produced for profit in a market economy controlled by private individuals or corporations.

Racism: Prejudice, discrimination, or antagonism directed against someone of a different race fueled by an enduring racial hierarchical complex.

Sexism: Discrimination, prejudice, or stereotyping based on a person's sex or gender, which can manifest as unequal treatment, dismissive inclinations, and a lack of care.

These factors are recognized as root causes contributing to current inequalities and disparate maternal and child health outcomes.

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DISCOVERY

During our initial planning meetings, the facilitation team established guidelines for engaging with the Network, which included:

- Engaging in a community co-design process.
- Aligning with MCHEAN's overarching goal.
- Drawing on the landscape analysis and the North Carolina Department of Health and Human Services Public Health Division's Perinatal Health Strategic Plan.
- Focusing on the maternal and child health principles that influence outcomes.

By listening to personal stories, especially from individuals with lived experiences, we identified missed opportunities and gaps in care and education. This process inspired brainstorming potential opportunities at various stages of the maternal and child health journey.

A photograph of a woman with dark, curly hair holding a baby. The image is overlaid with a semi-transparent purple filter. The text is written in white, bold, sans-serif font over the image.

“It is very important that we help promote defining the standard of care for everyone. These are issues that folks are aware of in the space, but it is not being translated into the action and care provided.”

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ITERATIVE STEPS

1. **Modalities of Engagement:** Facilitators implemented various engagement methods to accommodate different schedules and learning styles. These included live interaction during scheduled meetings, small group sharing in breakout rooms, asynchronous participation for after-hours plan development and drafting, and phone calls, text messages, and email updates during and after meetings.

2. **Exploring Action and Intersectionality:** Facilitators responded to the overwhelming challenges of maternal and child health work with action-oriented discussions focused on implementing solutions. Specifically, the team addressed recurring issues, such as under-resourced counties and health care systems, missed opportunities, communication barriers, inconsistent care, and the persistence of racism.

3. **Facilitate and Participate in Dialogue on Racism and MCHEAN's Work:** MCHEAN aims to combat racism in health care by acknowledging its cultural roots and addressing the health care system's role in either perpetuating or mitigating harmful outcomes. Network members shared experiences of delayed responses from providers, ignored requests, dismissed concerns about pain management, confrontational interactions with staff, and instances of discriminatory name-calling. We affirmed our commitment to anti-racism in maternal and child health, rooted in knowledge, understanding, and a proactive acknowledgment of historical contexts.

4. **Ideation:** At the end of each meeting, the facilitation team reported the themes observed throughout the meeting and confirmed them with the participants in attendance. Then, the team used the meeting notes to track the focus of each discussion. Additionally, the team identified emerging strategies through this process, observation, and validation of the identified themes and then workshopped them through several breakout group sessions.

“Patients need to be heard. We know our bodies. We can advocate, but sometimes the providers aren’t listening.”

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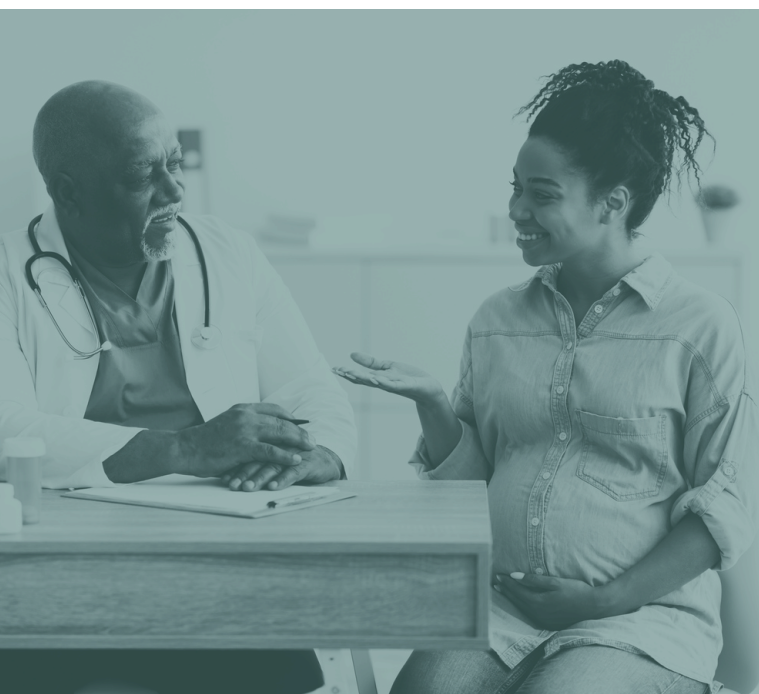
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ITERATIVE STEPS

5. **Confirmation of Strategies:** Based on feedback from discussions and meetings, we confirmed the strategies using focus groups, one-on-one interviews, and iterative processes to synthesize and refine them.

6. **Writing and Reviewing the Plan:** In December, we drafted the action plans and presented them to MCHEAN for initial additions and revisions. We cross-referenced the plan with existing frameworks and statewide initiatives and vetted the strategies with stakeholders in January and February 2024.

7. **Implementation:** The last step is to roll out the finalized plan and ensure a seamless transition from strategy to action steps.



“When it comes to maternal health, many women don’t know what questions they should ask when giving birth, what questions to ask, or what to voice- such as knowing to tell the doctor when you feel cold or sick. You just don’t know what you should be advocating for when you have your baby or after you have your baby.”



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ACTION PLANS

Between April 2023 and February 2024, the MCHEAN actively listened to and learned alongside community members with lived experience, exploring the question, “**What actions would make a noticeable difference for you and your community to improve maternal and child health equity?**”

Action Process

MCHEAN stakeholders prioritized specific action steps and relayed HOW they should be conducted and sustained. In addition to emphasizing the need to apply an anti-racist framework, they highlighted the following foundational values for the work:

A. Co-Design: The principle of “Nothing for Us Without Us” is central to every co-design strategy. This approach emphasizes continuous stakeholder involvement in all initiatives and ensures fair recognition of time and effort contributed. Co-design prioritizes input from those most affected while recognizing that others are also impacted. As A. Simpson notes, “Those that are the most affected are not the only ones affected.”

B. Equity in Financial Opportunities: Funding must be made equitably accessible. This includes using alternative application processes and adopting frameworks like trust-based philanthropy. These approaches focus on meeting the needs identified by the community and empowering community leaders to establish evaluation criteria and outcome measures.

C. Normalizing Sexual and Reproductive Health Care Through the Life Span: Sexual and reproductive health must be treated as a lifelong health care priority. This involves proactively maintaining focus on access and its broader implications, even when addressing specific stages of the sexual and reproductive life course.



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ALIGNING FRAMEWORKS

To ensure focus and alignment, MCHEAN facilitators also applied the following frameworks.

The Birthing Equity Ecosystem Map

This is a “holistic, living visualization of the factors and conditions needed to achieve birth equity.” This work synthesizes existing recommendations, strategies, and frameworks developed into a comprehensive vision of what the birth equity system needs to achieve equitable outcomes in NC.

Participatory Co-Design

This process includes: “Intentionally involving target users in designing solutions, postponing design decisions until after gathering feedback, synthesizing feedback from target users into insights, and developing solutions based on feedback.” The participatory populations are maternal health funders and birthing persons and their families and support systems.

Perinatal Health Strategic Plan

This intersecting framework serves as an overview of perinatal health equity and those of reproductive age. “The PHSP framework is adapted from the 12-Point Plan to Close the Black-White Gap in Birth Outcomes: A Life-Course Approach developed by Lu, Kotelchuck, Hogan, Jones, Wright, and Halfon. Based on this framework, the PHSP includes three primary goals: 1) addressing economic and social inequities, 2) strengthening families and communities, and 3) improving health care for all people of childbearing age.”

Trust Based Philanthropy

Trust-based philanthropy uses tools and strategies informed by the Trust-Based Philanthropy Project that is “rooted in advancing equity, shifting power, and building mutually accountable relationships.” This approach is essential given the plan's focus and is valuable to many of our MCHEAN members.

TERMS DEFINED

Gaslighting in Health Care

In health care, gaslighting can occur when a health care provider deliberately manipulates or distorts information to undermine patient confidence in their own experiences, symptoms, or perceptions. This can lead to a breakdown in trust between the patient and the health care professional, hindering effective communication and potentially influencing the patient's overall health care experience.

Health care providers must maintain open and honest communication, respecting the perspectives and concerns of their patients to ensure a collaborative and supportive environment.

Lived Experience

Lived experience refers to a person's first-hand involvement or direct experiences and choices and the knowledge they gain from them, as opposed to the knowledge a given person gains from second-hand or mediated sources.

However, including the voices of individuals providing care, individuals receiving care, and those observing care is vital to understanding root causes and the perpetuation of inequity and is essential to improving outcomes.

Mitigating Assumptions in Health Care

In health care, a mitigating assumption might involve minimizing the potential negative impact of a medical condition or treatment. For example, a health care professional may assume that a patient will respond well to a particular therapy, even if there are uncertainties, to approach the situation optimistically and improve the patient's mental and emotional well-being.

However, it is important to note that while positive thinking can be beneficial, basing medical decisions on unrealistic assumptions without proper evidence can be risky.

RESOURCES

Anti-Racism Framework: Leveraging Community Information Exchanges® for Equitable and Inclusive Data: The CIE® Data Equity Framework: This framework shaped thought partnership during Network planning and “is designed to serve as a strategic visioning tool for institutions and initiatives that are undertaking the critical work of creating more equitable, inclusive systems that support health outcomes.”

Hear Her Campaign: This is a CDC campaign that seeks to raise awareness of urgent maternal warning signs during and after pregnancy and improve communication between patients and their health care providers.

March of Dimes 2023 Report Card for North Carolina: This includes the latest data from the national organization for the state.

North Carolina Institute of Medicine’s Healthy Moms, Healthy Babies: Building a Risk-Appropriate Perinatal System of Care for North Carolina: This report outlines strategies to improve maternal and infant health outcomes through an evidence-based, coordinated perinatal system of care. It emphasizes addressing disparities, enhancing access to quality care, and strengthening collaboration across health care providers, policymakers, and community organizations.

The Practical Playbook III: This a resource designed for anyone working to improve MCH outcomes in NC.

White House Blueprint for Addressing the Maternal Health Crisis: This lays out specific actions the federal government will take to improve maternal health.

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**REPORT OF THE MATERNAL AND CHILD
HEALTH EQUITY ACTION NETWORK**